

Headquarters Air Combat Command

ACC/SG OIF AAR Overview



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This Briefing is:
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CENTAF-PSAB/SG





Why are we here?

Lessons Learned Drill-Down

- **Leesburg Conference**
 - 886 Lessons Learned (LLs)
 - Majority in: Personnel, Training, Logistics, C2, IM/IT, and the base Deployment Process)
- **ACC LLs**
 - Top 7 Issues: From “ACC-deployed unit” AARs w/ a recurring theme
- **EMEDS LLs**
 - This is why we are here...*Identify those EMEDS MEFPAK issues that ACC/SG can incorporate into the “MEFPAK Playbooks” (includes UTC MISCAPS, Allowance Standards, TTPs, etc.)*



Top 7 ACC MEFPAK Issues

- **Observation 1: *Selection criteria for EMEDS/CCs_***
- **Observation 2: *Need pax/equip UTCs separated for ITV***
- **Observation 3: *GEMS***
- **Observation 4: *Incorporate BW/CW pallets into EMEDS TTP***
- **Observation 5: *Expand MSC/4A0 roles and deploy in earlier***
- **Observation 6: *Need Dental Technician on EMEDS Basic***
- **Observation 7: *Need for Senior NCO/1st Sgt on EMEDS***



ACC ME FPAK Issues

- **Observation 1:** *Selection criteria for EMEDS/CCs*
- **Discussion:**
 - a) EMEDS CCs generally *not most experienced*. EMEDS depends on ECS...difficult to get priority for trans, comm, POL, etc. if not familiar with what/who/how to ask for support
 - b) Need to have a CC “*equivalent*” in rank at Wing meetings
 - Line units send their Group / Wing CCs. Why not medics?
 - Although exceptions, generally, services are “rank-conscious”
- **Recommendation:** We listened...
 - Line remarks: (list on AEFC webpage)
 - “GO” “Grade must be O-6”
 - “BCG” “Deployment Experience Required”
 - Changed MISCAP on FFEP2; CC slot is an “O-6” (a/o 12/03)



Observation 1a...Security Clearances for CCs

- Observation 1a: *EMEDS CCs generally didn't have TS clearances*
- Discussion: Commanders generally found themselves “locked-out” of Wing meetings regarding future base activities and planning
 - Hard to “bang on table” and fight for ECS priority if not there (or as in prior discussion, same rank as others there)
 - Obviously no time to obtain higher clearance once in theater (take approx 6 – 18 months)
- Recommendation:
 - IAW AFI 41-106, para. 5.9.4, “All EMEDS CCs...will apply for Top Secret security clearances.”
 - *However, need to work w/ RMO shops on getting posn coded*
 - *MTF position on UMD vs. UTC position*



“So you can be...an O-6 CC with an ECS staff car with armed driver in a Joint/Coalition Environment!”





ACC MEFPAK Issues

- **Observation 2:** ***Need pax/equip UTCs separated for ITV***
- **Discussion:** Several factors contributed to UTCs not arriving in sequence, by their RDD, or the PAX / equip were separated and no method of tracking the equip...GTN showed as arrived
 - a) UTCs were fragmented or sourced from multiple MTFs
 - b) Routed through several ports with competition for lift
 - c) 30% of ULNs not entered in GTN & 15% of data was wrong
 - “Where’s my stuff?” Upon arrival, couldn’t find on ramp, pallets marked incorrectly, or acquired by other units
- **Recommendation:** Air Staff and MAJCOM MEFPAK offices are currently working (see next slide); ECD: Summer 2004



Sample of UTC Break-outs

Current UTC	TITLE		Auth Short- Tons	New Personnel only	New Equip Only
ACC	FFANC	MED ANCILLARY PERSONNEL AUG	24.7	FFANC	FFAN1
ACC	FFBAT	MED BIOLOGICAL AUGMENTATION TM	1.7	FFBAT	FFBA1
AETC	FFCCU	MED 4-BED INTENSIVE CARE UNIT	9.1	FFCCU	FFCC1
AETC	FFEND	MED ENDOONTIC AUG TEAM	0.6	FFEND	FFEN1
AETC	FFENT	MED ENT AUGMENTATION TEAM	0.8	FFENT	FFET1
AETC	FFEP1	MED EMEDS/AFTH-EXPED CRIT CARE	0.8	FFEP1	FFEPE
AETC	FFEYE	MED OPHTHALMOLOGY TEAM	1.1	FFEYE	FFEY1
AFA	FFFOC	AIR TRANSPORTABLE DENTAL CLINIC	-	FFF0C	FFF0E
AMC	FFGKT	THORACIC/VASCULAR SURG TEAM	1	FFGKT	FFGKQ
AMC	FFGKU	MENTAL HEALTH AUGMENTATION TEAM	3.4	FFGKU	FFGKR
AMC	FFGKV	MED MNTL HEALTH RAPID RESPNS TM	1.2	FFGKV	FFGKS
ACC	FFGL1	BEE NBC TEAM	2.7	FFGL1	FFGL7
ETC...					



ACC MEFPAK Issues

- **Observation 3:** ***GEMS***
- **Discussion:**
 - Many locations had problems (connectivity, procedures, trng)
 - (a) GEMS too complex or didn't meet needs (phar module)
 - (b) Trng not provided prior to deployment; no formal EMEDS
 - (c) Computers non-existent, outdated or wrong versions
- **Recommendation:**
 - Currently only 2-hours at EMEDS course...propose 4 hours with training copies for MTF training (exercise modules)
 - Configure EMEDS with common "Line" hardware (ACC/SGS)
 - JIT trng for MSC/4AO, BEE and PHO; sent to SSG for 4-days
 - Silver and 7/8 AEF rotation – training completed
 - GEMS Steering Group created at ACC (SGS/SGR/SGP/SGX) to manage system changes; meet at least monthly at ACC



ACC MEFPAK Issues

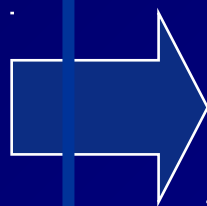
- **Observation 4:** *Incorporate BW/CW pallets into EMEDS TTP*
- **Discussion:** During OIF, Component Surgeons/planners had difficulty figuring what add'l med support was required for the NBC threat and potential scenarios
 - Add'l modules w/ meds, Class VIII supplies, and equip
 - OIF: nine modules (3 pallets/module; \$380K per pkge)
 - Enhanced capab to meet chem/bio threat in high-risk areas
 - Ability to manage 100 NBC pts in 72 hours (had 25 vents)
- **Recommendation:** AF/SGX & ACC/SGX are working 5 more (14-total) "EMEDS NBC Supplemental Modules"
 - ACC/SGX (MEFPAK) is finalizing A.S., PAX req't, UTC
 - Establish in Doctrine, TTP, and build as deployable asset
 - Projected for POM: FY 2006



EMEDS NBC Supplemental Trmt Module

EMEDS NBC Supplemental Treatment Module (Notional MISCAP)

- **Capability to provide trmt for up to 100 NBC casualties for up to 72 hours**
- **Assumes 25 of 100 casualties will require ventilator support**
- **Assumes AE system will support casualty evacuation requirements**



Next Steps: **- ACC MEFPAK actions**

- Publish A.S.**
- Establish new UTC**



ACC ME FPAK Issues

- **Observation 5:** *Expand MSC/4A0 roles and deploy in earlier*
- **Discussion:**
 - Bare-base set-ups required immediate admin support (for MEDRED-C, SITREPS, augment loggies, systems, etc.)
 - “Current” 4AOX1 support...2 on FFEP3 (for + 10)
 - Current CONOPS has O-3 MSC on FFEP2 (Basic) w/ the O-4 MSC on FFEP4 (+25)
 - Areas of concern:
 - a) O-3 was substituted w/ an O-2 and wasn’t able to get processes established as quickly (fighting for ECS)
 - b) Confusion when O-4 showed...Who’s the Administrator?
“This O-3 has been with me since the start.”
- **Recommendation:**
 - Moving 1x4A071 on FFEP2 (from FFEP3) w/ systems exper
 - Swap MSC ranks on the FFEP2 and FFEP4 (Delta NA)



ACC MEFPAK Issues

- **Observation 6:** *Need Dental Tech on EMEDS Basic*
- **Discussion:** Current FFEP2 has a Dental Officer, however, first Dental Tech (4Y071) doesn't arrive until FFEP3 (+10)
 - Can't optimally perform care w/ the med techs...not their specialty training
 - EMEDS Basic was designed to care for AF PAR... experience indicates other services will need care
- **Recommendation:** A validated need for immediate dental capability/flexibility; ACC/SGX is staffing "FFDEN" UTC package
 - a) UTC will contain 2 PAX (047G3 / 4Y0X1) – block of Basic
 - b) Also posture a 2nd FFDEN for the +25 increment
 - c) Dental personnel will come off of the FFEP2/3/4
 - d) ECD: Summer 2004



ACC MEFPAK Issues

- **Observation 7:** *Need for Senior NCO/1st Sgt on EMEDS*
- **Discussion:**
 - Enlisted rank structure as important as officer ranks
 - Sustainment operations, adept 1st Sgt is essential
 - Ensure morale and welfare of the troops...deployment issues
 - significantly different from CONUS MTF (financial, marital, etc.)
- **Recommendation:**
 - Looking into an E-8/E-9 on FFEP2 as EMEDS 1st SGT
 - Basic vs EMEDS + 25
 - ECD: Fall 2004



Other OIF AAR Issues (from the ACC AARs)

- **JPMRC Validating Flight Surgeon (VFS)**
- **Need improved pre-deployment medical / dental screenings**
- **Importance of mental health (FFGKV) assets in AOR**
- **Interoperability of comm systems impacts patient evacuation**
- **Inability to get supplies or parts from the SIMLM**
- **BMETs -- Need experts (5+ skill level) on EMEDS**

Questions?

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BACK-UP SLIDE

- Need to wean line CC's/other services from surgical everywhere (4 hrs, hot-zone, PAR>2,000)
- Recommended increments:
 - PAM +: PAR 600 – 1.5K
 - Basic: PAR 1.5K – 2.5K
 - + 10: PAR 2.5K – 10K (adds ancillary srvces)
 - + 25: Hot-zone or major AE hub